



City of Duluth YOUTH EMPLOYMENT SERVICE APPLICATION



402 West 1st Street, Duluth MN 55802
218-302-8400

Date: _____ Referred by: _____

Last Name: _____ First Name: _____ Middle Init.: _____

Phone: _____ Birth Date: _____ Age Today: _____

Address: _____

City: Duluth, MN Zip Code: _____ Social Security Number: _____

Email Address: _____

Circle the answers below that apply:

Are you? Male Female

What High School grade have you completed: 7 8 9 10 11 High School Graduate GED

What school do you currently attend: _____

Do you have an IEP (Individual Education Plan)? Yes No

(Can circle more than one)

American Indian or Alaskan Native

Hawaiian Native or Pacific Islander

Asian

Hispanic or Latino

Black

White

Are You? Working or Not Working

Have you had a job in the past? Yes No

How many weeks in the past 26 weeks (6 months) have you not worked: _____

Do you read and speak English well? Yes No

If you are a male at least 18 years old, are you registered with selective service? Yes No

The following questions help determine your eligibility, answering yes does not prevent you from being in the program and in some cases, may make you eligible.

Are you a Foster Child? Yes No

Have you ever been arrested? Yes No

Are you homeless: Yes No

Are you recovering from chemical dependency? Yes No Have parent who is recovering? Yes No

Are you a parent? Yes No

Do you have a disability (Whether emotional, physical or learning)? Yes No

Does this disability limit your ability to work? Yes No

Are you working with Rehabilitation Services? Yes No

How many people live in your household? _____

Does your family receive the following assistance (please circle)?

MFIP GA (General Assistance) RCA (Refugee Cash Assistance) SSI (Supplemental Social Security)

Has your family received Food Stamps in the past 6 months? Yes No (Case # _____)

Family Income Worksheet (Total for LAST 6 MONTHS – counting back 6 months from application date)

Gross Wages (before taxes)	\$	School Aid/Grants (not PELL)	\$
Self-Employment (net)	\$	Social Security (SSDI/RSDI)	\$
Alimony	\$	Workers Compensation	\$
Retirement Incomes	\$	Other	\$
On the Job Training	\$	Total	\$
Free or reduced lunches: Yes No			

Work History

Current or Last Job

Job Title: _____ Hourly wage: _____ Hours per week: _____

Start Date: _____ End Date: _____

Employer: _____

Duties: _____

Reason for leaving: _____

Other jobs or volunteer experience: _____

We do follow-up contacts and may need your current address or phone number. Please list people that could give us information on how to contact you.

Name: _____	Address: _____	Phone: _____
Relationship: _____	City: _____ State _____ Zip _____	
Name: _____	Address: _____	Phone: _____
Relationship: _____	City: _____ State _____ Zip _____	

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury.

APPLICANT SIGNATURE _____ Date _____

PARENT/GUARDIAN SIGNATURE (If under 18) _____ Date _____

Staff Signature _____ Date _____

INCOME ELIGIBILITY

The City of Duluth's Youth Employment Service is a federally funded program. Federal guidelines state that to be eligible, participants must come from families whose income does not exceed the maximum allowed for the past 6 months prior to application.

A family means 2 or more persons related by blood, marriage, or decree of court, who are living in a single residence (includes temporary, voluntary residence elsewhere, i.e. attending college) and are included in one or more of the following categories: a husband, wife, and dependent children, or a parent or guardian and dependent children.

An individual who has a documented disability (such as a school IEP or medical document) is considered a "family of one" for income eligibility. The person does not have to include family's income, just his/her own income.

A foster child is a "family of one" for income eligibility.

Income that is not counted towards eligibility include: college financial assistance such as Pell Grants and Federal Work Study, unemployment compensation, child support payments, tax refunds, loans, MFIP payments, Supplemental Security Income (SSI).

Income that is counted towards eligibility includes gross income, college scholarships that are not needs-based, Social Security Disability Insurance (SSDI)

If family eligible for food stamps within the past 6 months, family is eligible regardless of income.

Family Size	Maximum eligible income for past 6 months
1	\$6,030.00
2	\$8,120.00
3	\$10,483.50
4	\$12,942.00
5	\$15,272.00
6	\$17,863.50
7	\$20,455.50
8	\$23,047.00

Equal Opportunity Is the LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases:

- Against any individual in the United States, on the basis of race, national origin, color, religion, sex, age, disability, political affiliation or belief; and
- Against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA)/Workforce Innovation and Opportunity Act of 2014 (WIOA) on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA/WIOA Title I-financially assisted program or activity.

This recipient must not discriminate in any of the following areas:

- Deciding who will be admitted, or have access, to any WIA/WIOA Title I-financially assisted program or activity;
- Providing opportunities in, or treating any person with regard to, such a program or activity; or
- Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believe You Have Experienced Discrimination

If you think you have been subjected to discrimination under a WIA/WIOA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

- The recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or

Inquiries

Local Equal Opportunity (EO) Officer

Carl Crawford, City of Duluth
Equal Opportunity Officer
Human Rights Office
411 W. 1st St., Room 407
Duluth, MN 55802
218-730-5291 (Voice)
ccrawford@duluthmn.gov

Inquiries

WIA/WIOA EO Officer

Susan Tulashie, DEED
Workforce Development Division
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7586 (Voice)
651-296-3900 (TTY)
651-215-3842 (FAX)
Susan.Tulashie@state.mn.us

Inquiries

State EO Officer

Karen Lilledahl, DEED
Diversity & Equal Opportunity
1st National Bank Building, E200
332 Minnesota Street
St. Paul, MN 55101-1351
651-259-7089 (Voice)
651-296-3900 (TTY)
651-297-5343 (FAX)
Karen.Lilledahl@state.mn.us

- The Director, The Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington DC 20210. Or Fax 202-693-6505 ATTENTION: Office of External Enforcement, Email: CRCExternalComplaints@dol.gov, Telephone: 202-693-6502, URL: www.dol.gov/oasam/programs/crc/

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

This material is available in alternative formats for individuals with disabilities by calling 651-259-7094.

English Language Revised September, 2015

Tennessen Warning - How We Use Your Personal Information

A partnership sponsored by the Minnesota Department of Employment and Economic Development (DEED) and
City of Duluth Workforce Development

Please read the Notice below and the Equal Opportunity is the Law Notice on the reverse side. When you finish reading, initial the final two statements, print your name, sign your name, and date the bottom of this form.

When you receive services from state or federally funded programs, we will ask you for information about yourself. The data we are asking you to provide about yourself is considered private data by [Minnesota Statute 13.47 subdivision 2](#). In order to collect and use this data we must tell you why we need the data, how we intend to use it, and any outcomes you may experience if you supply the information or not. You may refuse to supply any or all of this information. You are not legally required to provide information about yourself. However, if you do not supply sufficient information about yourself, it may limit our ability to provide services to you. Your information may be shared with other government entities who have a legal right to this data including the U.S. Department of Labor, the Office of Higher Education, the Office of the Legislative Auditor, the State Auditor, employment and training service providers, and welfare agencies. Your information may also be shared by court order. For more information about [DEED Data Practices](#), visit <http://mn.gov/deed/about/what-guides-us/privacy>.

Types of personal information you might be asked to provide and why we need it:

- **Social Security Number (SSN):** Your SSN is requested to identify you as a unique individual, to find wage data, and to help us evaluate the performance of our programs;
- **Name, address, birth date, and contact information:** This is used to identify and contact you and to evaluate our performance;
- **Age, gender, ethnicity, race, disability, and economic status:** Demographic information is collected to help determine if you are eligible for additional assistance and to evaluate our performance;
- **Veteran status:** Veteran status is asked to determine if you are eligible for priority services and to evaluate our performance; and
- **Other personal information, such as school records, job skills and work history:** Education and work history is used to help plan your employment and training goals and to evaluate our performance.

Information about you will be used to:

- Decide if you are eligible for services, which services you are eligible for, and to coordinate services provided to you;
- Help you obtain employment by sharing work and education history with prospective employers; and
- Improve public services by analyzing data about our performance.

____ I have read the above Notice. I understand that information may be shared with other service provider agencies in accordance with the Minnesota Government Data Practices Act.

____ I have read the Equal Opportunity is the Law Notice (found on the reverse side). I understand that I have the right to file a complaint of discrimination.

Name (Print)

Signature (if under 18, signature of Parent/Guardian)

Date

CONSENT TO SHARE EMPLOYMENT INFORMATION

Please read. If you need help with or do not understand this form, please contact staff person.

In accordance with the Minnesota State Statute on Data Privacy, M.S. § 268.19, Subd. (1b), I agree that the Minnesota Department of Employment and Economic Development (DEED) may release information on my wages and employment contained on the state's Wage Detail files to Duluth Workforce Development.

I understand that Duluth Workforce Development will use this information **ONLY** for the following two purposes:

1. Auditing WIOA/MYP Youth Program or Duluth Workforce Development and/or
2. Learning how well the Youth Programs are helping people like me.

I understand that Minnesota state law does not allow Duluth Workforce Development to use this information for any other purpose. This information may not be shared by Workforce Development without my consent.

This consent goes into effect today. This approval expires after three years from the time I leave Duluth Workforce Development Youth Programs.

I may cancel this consent in writing at any time.

_____ Yes, I agree to the sharing of wage and employment information.

_____ No, I do not agree to the sharing of wage and employment information.

Participant's Name(print or type)

Date

Participant's Signature

Participants Social Security Number

Parent/Guardian Signature (if applicable)

Date

FOR OFFICE USE ONLY

NOTE: THE PARTICIPANT MAY CANCEL THIS AUTHORIZATION OF CONSENT AT ANY TIME WITH A WRITTEN REQUEST.

Objective Assessment

What kinds of jobs could you do with the training/experience that you have right now?

1.	2.	3.	4.
----	----	----	----

Last School Attended	Last grade completed	Favorite subject	Least favorite subject

If you left school without graduating, why did you leave school?

Learning disabilities: _____ Other disabilities: _____

Prior Work Experience

Have you ever had a job? Yes _____ No _____

If yes, where did you work? _____

When: Start Date: _____ End Date: _____

What did you like most about the job? _____

What did you like least about the job? _____

Why did you leave? _____

What were your job duties? _____

Would you like to do that job again? _____

Interests and Work-Related Issues

What are your hobbies/interests?

Are you involved in any school activities? _____

What are your career plans? _____

What are your work-related abilities? _____

Why do you want to work? _____

Are there any personal, legal or other issues affecting your employment potential? _____

What is your family situation? _____

Why do you think that you are not currently working? _____

What things do you think would help you get and keep a job?

_____ Job leads	_____ References
_____ Resume	_____ Training
_____ Other	_____

Are you working with a social worker or mentor? _____

FINANCIAL CAPABILITY

	YES	NO	Don't Know	Not Applicable
Do you have a checking account?				
Do you have a savings account?				
Do you have a credit card?				
Have you pulled your credit report?				
Have you completed a Free Application for Federal Student Aid (FAFSA)?				
Do you keep and follow a budget?				

How often do you:	Never	Sometimes	Most of the Time	Always
Use a spending plan?				
Track how you spend your money?				
Save a portion of your income?				
Use check cashing/pay day loan vendors?				

List one or more of your financial goals: _____

Is there a topic regarding money that you would like to learn more about? _____

How would your teacher, supervisor, or friends rate you on the following worker attitudes?

Worker Attitudes	Excellent	Good	Fair	Poor
Punctuality				
Attendance				
Willingness to work overtime				
Does the job until it's done right				
Honest with company time and materials				
Technical knowledge				
Interpersonal skills				
Oral communications				
Respects supervisor				
Can instruct others				
Accepts instruction				
Gets ideas across to co-workers/ customers				
Writing skills				
Relevant Math Skills				
Moral Character				
Work Quality				
Work Quantity				
Company Loyalty				
Does extra work to get ahead				
History of success				
Future of Potential				
Ability to learn				
Works with minimal supervision				
Leadership skills				

AUTHORIZATION FOR RELEASE

I hereby give Duluth Workforce Development permission to use photographs and or videos in which I am pictured, to promote YES Duluth Program activities and to share my success as a YES Duluth Program participant with my community and the funders of the program.

Participant Signature

Date

Parent/Guardian Signature

Date

.....

PARENT CONSENT FORM

My child, _____, has my permission to participate in the Duluth Workforce Development's Work Experience Program. I also agree to allow my child's school to release information to the City of Duluth Workforce Development office staff regarding: career assessments, test scores, grades, Individual Education Plans, Work Experience Plans and change of address or phone number. This information will be used to create/update an employment plan and to monitor progress in the program.

PARTICIPANT EMERGENCY CONTACT FORMS

Date: _____

Participant Name (please print) _____

Parent(s) or
Guardian _____

Address _____

Daytime Phone Number _____

Another adult YES! Duluth staff can contact if a parent is not available:

Name _____

Address _____

Daytime Phone Number _____

HEALTH INFORMATION

Doctor Name (Clinic) _____ Phone _____

Hospital preferred in emergency _____

Any Physical Limitations: Yes _____ No _____

If Yes, List _____

Any Allergies (food, insect bites, etc.) Yes _____ No _____

If Yes, List _____

Is Youth taking medications? Yes _____ No _____

If Yes, What and when taken (especially if need to be taken during working hours)

JOB REQUEST INFORMATION SHEET

I am interested in getting a work experience site through YES! Duluth _____ Yes _____ No

If yes, please rank your top 3 choices, 1 through 3, 1 being your first choice:

- | | |
|--|-------------------------------------|
| _____ Outdoor Crew Work | _____ Daycare |
| _____ Janitorial/Building Maintenance | _____ Office Assistant/Receptionist |
| _____ Sales/Cashier | _____ Children's Museum Staff |
| _____ Food Service | _____ Dishwasher/Kitchen Helper |
| _____ Construction/Carpentry | _____ Animal Shelter |
| _____ Staff at After-School Program | _____ Other - Describe: _____ |
| _____ Special Skills: (typing, cashiering, etc.) | |

I am currently working: _____ Yes _____ No

If yes, where: _____

Job title: _____

Top 3 things that make me a good worker:

Three ways I could become a better worker:

My career goal is _____ My current school is _____

I am graduating from high school on _____

My future plans are (i.e. college, job, etc.) _____
